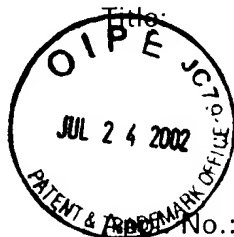


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joel S. Greenberger



Title: PROTECTION FROM IONIZING  
IRRADIATION OR  
CHEMOTHERAPEUTIC DRUG  
DAMAGE BY IN VIVO GENE  
THERAPY

No.: 08/907,041

Filing Date: 08/06/1997

Examiner: S. Chen

Art Unit: 1632

RECEIVED  
JUL 29 2002  
TECH-CENTER 1600/2900

AMENDMENT TRANSMITTAL

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	33	31	2	x \$18.00	\$36.00
Independents:	2	2	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$36.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:



<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$36.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$18.00
TOTAL FEE:			\$18.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$18.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$18.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 24 July 2002

FOLEY & LARDNER  
Washington Harbour  
3000 K Street, N.W., Suite 500  
Washington, D.C. 20007-5143  
Telephone: (202) 672-5404  
Facsimile: (202) 672-5399

By S. A. Best, Reg. No. 29768

for Barbara A. McDowell  
Attorney for Applicant  
Registration No. 31,640

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JUL 29 2002